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EXCISION OF THE TONSILS.

[THE following case, in which a suit was commenced for mal-practice, at Utica, N. Y., is interesting chiefly on account of the testimony of several distinguished surgeons, in regard to the operation of excising the tonsils. The plaintiff was justly defeated in his object of obtaining damages. Judge White commands our respect for his clear and satisfactory explanations of the law, and for the just views he evidently entertains of the duties and responsibilities of the medical profession, and of their individual rights in their professional capacity.]

Present, Hon. F. C. White, First Judge; N. Kimball, A. Comstock, P. Jones, S. B. Roberts, Judges.

Nathaniel S. Wright vs. John P. Batchelder.—This was an action brought by the plaintiff, a merchant residing at Vernon Centre, against the defendant, who is a distinguished surgeon residing at Utica, for mal-practice. The suit was originally commenced in a justice's court, where the plaintiff obtained a verdict for \$100, and the defendant brought an appeal to the Common Pleas.

A child of the plaintiff, two and a half years old, had a tumor on the nose, about the size of a pea, and the parents of the child went with it to Utica for the purpose of having it removed by the defendant. On their arrival at the defendant's office, he examined the child and found it had a difficulty in breathing, and inquiring how long it had been so affected, was informed a year or more, and he was informed that their family physician said it was asthma. He said he could cure such asthma in five minutes. He then examined the throat of the child, and showed the parents that the difficulty was enlarged tonsils, and suggested the propriety of having them removed. Plaintiff inquired if it would be safe to take the child home, being about seventeen miles, as he was obliged to return home that day. The day was a very cold one—the 1st of January, 1839. The doctor replied that it would be perfectly safe; that there was no danger in taking the child home after the operation the same day; said the operation was a simple one, and if not performed, the swelling would increase to such a degree as to cause the child's death; that there was no other way to cure the disease, but to have them taken out.

The plaintiff finally consented, and the operation was performed, and the child was taken home. The charge for the operation was \$15. It

appeared that when the child arrived home it was in a free perspiration ; hands, feet and face warm, and no indications of having taken any cold. A few days after the child was taken unwell, and in about two or three weeks died of inflammation in the throat.

The plaintiff contended that the death ensued in consequence of the operation performed by the defendant ; that it was improper to perform the operation ; that it was dangerous to expose the child by taking it home after the operation, and that had it not been for the advice and representation of the defendant, it would not have been done.

On the part of the plaintiff, fourteen physicians were sworn as to the method of treating enlarged tonsils. Most of them testified that the usual method was to employ medical treatment to reduce them, which was generally successful ; but they also testified that excision by the knife was the only perfect cure. They also testified that there was danger of the child's taking cold from the exposure in riding home, and most of them deemed it imprudent to have done so ; but all of them testified that from the appearance of the child when it arrived at home, as proved, there was no indication of its having taken cold. Among the physicians for the plaintiff were Dr. Noyes, of Clinton, Dr. McCall, of Utica, Dr. Freeman, of Vernon, Drs. Barrows and Hastings, of Clinton, and others of equal respectability in their profession.

The defence relied upon was, that the operation was a proper one, was skilfully performed, and the direction as to taking the child home, proper ; and that from the facts in the case it was evident that the operation was entirely successful, and that the death of the child arose from other causes.

The defendant called several very eminent and distinguished surgeons.

Dr. Alden March, President of the Albany Medical College, testified that he had travelled in Europe, and had seen the operation performed by many distinguished surgeons there ; had himself performed the operation in one hundred and fifty cases ; did not give any directions as to persons being cautious about taking cold ; regards it as good practice to let a child go home several miles in a cold day. He stated that excision was decidedly preferable to any other treatment ; the remedy is easy, the operation safe, charge from \$10 to \$15. From the testimony given in the case he considered the child arrived home in a comfortable condition. Dr. March testified that the reputation of Dr. Batchelder as a surgeon stood very high.

Dr. James Webster, of Rochester, Professor in the Geneva Medical College—operates frequently on tonsils ; performs the operations and gives no particular directions, and no precautions as to taking cold any more than any small operation ; usual charge for the operation, \$20. The case as performed by Dr. Batchelder was proper, and sending the child home was such practice as he advised. The operation is the only remedy for the permanent cure of the disease. From the description of the child on its arrival at home, should consider it to have been in a good condition.

Dr. Thos. Spencer, Professor in Geneva Medical College, testified that he was familiar with the disease, and had operated. That excision was

the better practice; patients usually allowed to go home after the operation. The practice of Dr. Batchelder in advising the operation, and otherwise, accords with the usual rules of the profession. Usual charge for the operation \$20.

Dr. P. B. Havens, of Hamilton, Mad. Co., testified that he had treated many cases of enlarged tonsils; had removed by excision in thirty or forty cases; made no difference on account of weather. The practice in this case was a proper one, and the practice of Dr. Batchelder correct.

Dr. Josiah Rathbun, Dr. Simon G. Havens, Dr. Joseph P. Newland, of Utica, and Dr. Jabez V. Cobb, of Rome, testified that they had performed the operation, and that they considered the practice of Dr. Batchelder correct, and such as was proper and suitable in the case of the child.

Proof was also given in several cases where operations had been performed by Dr. Batchelder in cold weather, and when the persons had been sent home without any inconvenience.

The defendant's counsel also read in evidence from a work published in London, by Dr. Yeardsley, a distinguished surgeon of that city, recommending highly the practice of excision of the tonsils as the only remedy that was permanent. Also from Dr. Cox, of the city of New York, a similar recommendation in a pamphlet published by him.

The case was summed up by J. A. Spencer for the defendant, in a manner which reflects even upon him great credit. The tribute which he paid to the distinguished men of the medical profession who had testified was most eloquent, as well as most deserved.

T. Jenkins, for the plaintiff, closed in a speech of great ingenuity and power, and brought to his aid every fact and argument that could bear upon the plaintiff's case: and he paid a very deserved tribute to the respectable physicians from the county of Oneida, who were called by the plaintiff.

His Honor, Judge White, remarked in his charge to the jury, that this action was brought to recover the damages which the plaintiff had sustained on account of the expenses he had incurred and loss of services, if any, not for the pain and anguish the child had endured. The claim goes upon the ground that the defendant had been guilty of mal-practice. Mal-practice means bad practice, unskillful—in a man's attempting something which he does not know how to do. It may be through negligence or through unskillfulness; he may have general knowledge, but not of the particular subject.

If the advice to take the child home in this case was wrong, it was ignorance; if it was imprudent to take the child home after the operation, and all physicians should say so, then the defendant would be liable.

If the death of the child ensued in consequence of the negligence, unskillfulness or ignorance of the defendant, he is liable. Has the injury arisen from his bad advice? Was it the consequence of his advice? On this point you must look to the evidence and not to vague speculation.

Dr. Batchelder is not responsible for what happened after the child arrived at home. He advised to take the child home. What resulted from the parents taking the child about Utica for several hours before they

started for home, and what happened after they got home, the defendant is not responsible.

Was the operation a proper one? A physician is not liable for a mere mistake in judgment. He may think bleeding necessary—a more skilful physician may see it is not; still the physician exercises his best judgment, and for an error in judgment merely he is not responsible.

The Judge illustrated this principle by reference to various other employments.

Some of the physicians testify that, in their opinion, medical treatment should have been first resorted to; but they generally agree that excision is the only cure, and that a removal is desirable for protection against other diseases. Most of the physicians testify that there is no great danger, and many of them that there is no danger from operating and then sending the child home.

His Honor examined at length the testimony of the physicians on the part of the plaintiff, showing the bearing of the evidence upon the case.

He remarked that if the plaintiff was entitled to recover, he was entitled to be remunerated for all the expenses to which he had been put; for the loss of the child in some sense. He cannot recover for the anguish of the child, but only for loss of services and expenses. He cannot recover for the loss of the service of the child until 21 years of age. The probable future services are not capable of calculation, and depend on too many chances; but the Court did not prescribe any limit to the prospective services.

The defence in this case, is, that the case was a proper one for an operation—that the advice given was proper. As to the operation, distinguished physicians have testified that in a case like this of chronic enlargement of the tonsils, the operation was the only proper course. There is no evidence to show that it was unskillfully done, but the testimony as to the reputation and skill of the defendant as a surgeon, shows that he was well qualified to perform the operation.

Was the advice to excise justified by the best lights of surgical science? There are different degrees of skill and learning in the profession. On questions like this, the defendant has called very properly the most learned and distinguished surgeons. The fact that from their superior skill and knowledge they have been called to public notice, is certainly not to their prejudice.

No one testifies that disease and death followed the operation. It is for the jury to decide upon the facts which have appeared in testimony, and if from these they are convinced that the death of the child resulted in consequence of the operation, or from the advice given by the defendant to return home with the child, then their verdict should be for the plaintiff.

But if the jury should find from the testimony that the case was a proper one for the operation—that it was skilfully performed, and that the advice to take the child home was justified, then their verdict should be for the defendant.

The jury retired, and after a short absence returned into court with a verdict for the defendant.

STONE IN THE BLADDER—VARICOCELE.

From Dr. Mutter's Introductory Lecture, at Philadelphia.

THE danger, suffering, and frequent want of success attendant upon all mechanical methods of removing stone from the bladder, have induced several modern surgeons to reconsider the question of medical treatment by solution. The waters of Vichy, those of Recoaro, the various alkaline waters of England and this country, the administration of weak acids by the stomach in cases of alkaline calculus, and of alkalies in acid stone, and even the injection into the bladder of dilute acids, have all been recently recommended; but there are few instances in which the temporary relief that they sometimes afford, has been followed by a permanent cure. That the pain usually accompanying stone in the urinary passages has been relieved for a time, and the formation of calculous matter checked, by a judicious administration of these agents, there cannot be a doubt; but that a stone once formed has been dissolved through their exhibition, I do not believe. The cause of relief has been variously explained. Some, as Leroy d'Etoilles, account for it by supposing that the feeble solvent dissolves the outer laminae of the stone, and is then checked in its action by the layer of animal matter which is found between all the concentric laminae of a calculus. This layer of animal matter being less irritating than the hard, rough, stony one, the sufferings of the patient are diminished, and he fancies himself perfectly cured.

Others suppose, that by changing the characters of the urine, we render it less irritating. The mucous coat of the bladder—for example—being intolerant of an alkaline fluid, may possibly bear with perfect comfort the presence of an acid one, and *vice versa*. In alkaline stones, therefore, give acids; in acid ones, give alkalies.

Others attribute the benefit to the influence these agents exert in strengthening the whole system, especially the stomach and bowels, in consequence of which every organ performs its function correctly, and there is no secretion of sabulous matter.

Whatever explanation you adopt, recollect that in the use of these remedies, especially the strong alkalies, we may do a great deal of mischief by producing diseases of the stomach and bowels, and even of the urinary passages.

It is impossible for me to enter upon the discussion of the merits of the different new operations invented for the removal of stone from the bladder. Many excellent surgeons decry the crushing and grinding processes, while others of equal weight contend that they are admirably adapted to almost all cases. It may with truth be said, I think, that lithontripsy, which has gradually taken the place of lithotrixy, is an operation of the greatest value, and richly deserves being classed among the modern improvements in surgery; and, gentlemen, the establishment of its utility in

this country, at least, is due to Dr. J. Randolph, of this city, a surgeon who deservedly ranks among the first of the age, and a gentleman whose social virtues have endeared him to a large circle of friends. That the operation cannot supersede the use of the knife all acknowledge, but it is an error to suppose, where the case is properly selected, that it is a measure of equal danger and suffering with lithotomy.

Among those who still contend for the supremacy of the knife, is that excellent surgeon, Dr. Dudley, of Lexington, Ky., unquestionably the most successful lithotomist of the age.

While on this subject it may be well to call your attention to a recent operation by Chavasse, of Birmingham. To remove a calculus from the female bladder, he passed the "*bistouri cachée*" along the meatus urinaris, and in withdrawing it, "cut the mucous membrane of the passage through its length and depth, leaving the other textures entire!" He then introduced a dilator and distended the passage so that the calculus could be removed with the forceps. The usual distressing result after other operations—incontinence of urine—did not take place.

No affection of the genital organs gives rise to more mental uneasiness and often physical distress, or is more frequently mistaken for other diseases, than varicocele. Hence we find surgeons constantly occupied in devising some plan for its relief; a few of the most recent of these curative measures it will be well for you to understand. The most simple, and probably the safest and least painful operation, is that proposed by Velpeau, and does not differ in the slightest degree from the usual operation of this surgeon for varicose veins in any other part of the body. Davat advises that the needle should *transfix* the vein, rather than pass beneath it as proposed by Velpeau; but the latter plan, in my opinion, is to be preferred. Ricord recommends the *subcutaneous ligature* of the veins by a process which he describes, but as yet the method has been scarcely employed. Breschet strongly recommends compression of the veins by a pair of forceps, the pressure to be kept up until the obliteration of the vessel is complete; but the measure is harsh, and not more successful than others of a less painful character. The method of Sir A. Cooper, which consists in cutting out a portion of the scrotum, has many advocates, although in my hands, it has generally failed to afford entire relief. The modification of this plan, recently introduced by Dr. N. R. Smith, of Baltimore, is very ingenious and highly creditable to the excellent and justly celebrated surgeon its inventor.

Many patients are exceedingly timid, and will not consent to the performance of any severe operation, and with such I have found acupuncture answer very well. The needle is to be passed every day or two through and through the largest veins, and thus by creating a chronic inflammation, we thicken the coats of the vessel and finally cause its obliteration. It is, however, a tedious process, and must be assisted by a suspensory bandage.

OBSERVATIONS ON SEMINAL AND OTHER DISCHARGES FROM
THE URETHRA, WITH ILLUSTRATIVE CASES.

By Benjamin Phillips, F.R.S., Surgeon to St. Marylebone Infirmary, &c.

It is now eleven years since first I applied lunar caustic upon the mucous membrane of the urethra, for the purpose of removing a tendency to frequent involuntary discharges of spermatic fluid. I adopted the plan in consequence of suggestions made by M. Lallemand in his "Observations on the Diseases of the Genito-urinary Organs," and I have much satisfaction in stating that my own experience goes far in confirming the accuracy of many of the views of those affections contained in his subsequent work. I should have been much disposed to let the system of which that accomplished surgeon is the author, make its way by the influence of his own pen, but I know opinions expressed in a foreign language are comparatively little read, and that full confidence is not always given to the facts which are recorded, and therefore it is that I have for some time intended to communicate to the profession the results of my own experience of the efficiency of the lunar caustic, as a remedial agent in many distressing cases of involuntary seminal discharges. It is probable, however, that I might have still further delayed the communication, had I not been pressed to make known the facts by some of my professional brethren, with whom I had seen several of the cases upon which my experience is founded. I conclude that what is interesting to a few to whom some of the cases are known, will be not less interesting to others to whom they are not known, and therefore it is that I now give them to the profession; in the hope that when confidence in the plan of treatment becomes more widely spread, some effort will be made to rescue this very distressing class of cases from the fangs of those harpies whose dens are daily advertised in the public papers; and who, for the most part, by the exhibition of tonics and balsams, keep up the hopes of their patients so long as their money lasts, when their desire to be useful ceases also. In this way the case is again thrown back upon the regular practitioner, with some other diseases, pulmonary or other, superadded to, and arising out of, their inability to cure the first.

Spermatic discharges are voluntary or involuntary: with the first we have nothing to do here; with the second alone we propose to occupy ourselves in the present communication.

Involuntary discharges are for the most part, if not altogether, caused by irritation set up in or about the ducts connected with the testicle. In some cases it may be doubtful whether the irritation by which they are excited may not have its seat in the rectum, as in Case 6; primarily there is no doubt it may, but Case 5 would lead to the supposition that secondarily the mucous membrane itself may suffer, and that, when the irritation in the rectum has ceased, that of the urethra may still keep up the mischief.

There are particular modes in which the urethral irritation is commonly excited; among these masturbation holds a prominent place: by this practice, the constant excitement of the seminal ducts ends by es-

tablishing a permanent irritation there; it may likewise happen from excess in sexual intercourse, as in Case 2. Next to this cause we may range gonorrhœa or gleet discharges, which, from time to time, establish chronic inflammation in the vicinity of the orifices of the ejaculatory ducts. Then follows stricture, which by opposing an obstacle to the free passage of urine, ultimately causes the development of a morbid condition of the mucous membrane between the stricture and the bladder, as in Case 7. The same state of these organs may result from irritation within the rectum; that irritation may be caused by fissures or piles, or by the presence of ascarides, as in Cases 5 and 6.

It is said that other causes are capable of inducing the same disordered action of the sexual organs, but as I profess in this place merely to point out such as have come within my own observation, I do not propose to consider others.

The mode in which the irritation, once set up around the orifices of the ejaculatory ducts, acts, is very much the same as obtains upon the application of irritation to the mouths of other ducts; it solicits increased action in the organ with which they communicate. Irritate the bladder, and the kidneys are stimulated to increased action; irritate the conjunctiva, and the lachrymal secretion increases; irritate the duodenum, and it is said bile will be supplied in increased quantity; it is unnecessary to carry the illustration further.

How does masturbation induce this irritation? Within moderate limits it would not do so; but if you give any canal too much to do, you will ultimately develope irritation in it, more especially at its orifice. If urine be passed too often, in cystitis, for instance, the orifice of the urethra becomes red, and the same thing happens to other conduits: it is in this way that masturbation or sexual excesses may develope irritation at the mouths of the ejaculatory ducts: it is in that way increased secretion is determined in the testicle; and thus involuntary discharges, consequences of masturbation or excesses, are explained.

It is easy to explain how gonorrhœal discharges may induce a similar state of things; in many cases, and especially when the discharge is obstinate, the inflammation upon which it depends is extended backwards until it reaches the neighborhood of the prostate; where it may excite, on the one hand, the kidney, on the other the prostate, and on the third the testicle, inducing each of those organs to furnish more than its accustomed supply. That the inflammatory action under those circumstances is likely to fix itself there, is shown in two ways—the existence of stricture so commonly near that region, and the acute pain experienced beyond the curvature when a bougie is passed. Often the inflammation may extend to the bladder itself. Often it passes along the spermatic ducts to the testicle.

When involuntary spermatic discharges are caused by stricture of the urethra, the immediate exciting cause is the same as when they are consequences of other circumstances; irritation of the mouths of the ejaculatory ducts. The irritation is then caused by the obstacle to the passage of the urine, and a state of chronic inflammation may be developed along

the mucous membrane from the stricture to the neck of the bladder, and may even extend into that organ, or along the ejaculatory ducts, as in Case 7.

Irritation within the rectum, when long continued, may extend to the sexual organs, and occasion the discharges which we are considering. Cases 5 and 6 are illustrative of this fact. In some cases the source of irritation of the sexual organs may continue to be confined to the rectum, and when that ceases the spermatic trouble may also cease, as in Case 6; but in other instances the spermatic disturbance may persist after the irritation of the rectum is cured, as in Case 5. There is no difficulty in accounting for this circumstance; the irritation, originally anal, has ultimately become urethral also, and will only yield to treatment directly applied to that part.

Every experienced surgeon has had ample opportunities of observing the intimate sympathy which exists between the bladder and the urethra, and the rectum. How an irritable bladder may make an irritable rectum; how piles, or other affection of the rectum, will occasion trouble in the bladder; how the application of caustic within the urethra will now and then induce spasm of the rectum; how, in the efforts made to empty the bladder, in many cases of stricture, a corresponding effort will be made by the rectum; it may not always be easy to explain, but they are facts commonly observed.

In most cases the evidence of involuntary spermatic discharges is clear enough, but the time comes when the ejaculation is unaccompanied by the ordinary sensations, and the patient may then be unaware of the extent of the evil. I have again and again known cases where the spermatic fluid passed with the urine; others, in which the effort at stool caused a pressure to be made upon the distended seminal vesicles, and their contents were squeezed out; but the fluid may not pass until the process of buttoning up is going on, and the evil may be undiscovered. Still, unless the disorder be very advanced, in most cases the person himself is aware of it when it passes with the urine, because it almost always passes with the last drops, and can then be detected, and because a certain sensation is experienced about the neck of the bladder. But when the medical man is consulted, he calls for the recently-passed urine, or requests that it may be passed in his presence, and at the bottom of the vessel he perceives small granular diaphanous particles; and they are seen floating even before the urine cools; if the evil be, however, very advanced, no peculiar sensation is experienced, and the granular matter may be undetected, and may assume a more uniform cloudy appearance. In cases where uncertainty remains with regard to the deposit, we may advantageously have recourse to the microscope, by means of which the little long-tailed animalcules of the spermatic fluid can readily be perceived. Under any debilitating causes, whether those causes be found in frequent spermatic discharges, disease, or old age, the fluid becomes much thinner, and the animalcules much less numerous, and they may be almost, if not altogether, wanting.

One of the general symptoms resulting from too frequent spermatic

discharges, which is most distressing to the sufferer, is a state approaching to, if not at the time, actual impotency. It is not that the seminal fluid, though deteriorated, is incapable of determining fecundation, but it is that the organs are wanting in the energy necessary for projecting the fluid into the uterus; the erection of the penis, if it exist at all, being only momentary. The digestive functions become deranged; the bowels constipated; nutrition languishes; respiration is troubled; the voice fails; the heart's action is interfered with, even to such an extent as to induce the belief of actual disease in that organ, as in Case 1, and hypochondriasis becomes complete. These things do not advance far without causing trouble in the nervous system, manifested by some perturbation of the senses, by headache, with great sense of weight or pressure, and they are accompanied by loss of memory; and tinnitus and apprehension which are very painful.

It must be evident to any one who takes the trouble to reflect on these things, that as the causes of these discharges are many, the treatment must also be variable. When the irritation is in the rectum, the case will require a very different course of treatment to one proceeding from stricture of the urethra. We will therefore make such general remarks as are proper with reference to the treatment of the several varieties of the affection which we have considered. First, when the cause is masturbation, or sexual excess:—the causes here are voluntary; the cure must also be voluntary. Lunar caustic will be powerless unless the patient has sufficient determination to abstain from the practice. But in many cases perfect abstinence will not suffice to put an end to the mischief; the *voluntary* discharges are got rid of, but they were persisted in so long that a permanent irritation has been set up in the verumontanum, and that irritation may, as we have already explained, excite equally injurious *involuntary* discharges: and here a remedy must be found by the surgeon. The first thing we have to do is to introduce cautiously a bougie, to pass it down towards the bladder; but before it arrives there, the patient will complain of pain, which is sometimes very acute; and the point at which the bougie has then arrived is usually a little in front of the prostate. The surgeon must then carefully observe how far the penis has been extended, and a mark must be made upon the bougie to indicate the depth to which the instrument has penetrated, because that is the point upon which the lunar caustic must be applied. The depth to which we must penetrate must be marked upon the caustic instrument, which is then introduced and gently passed to the proper point, when the caustic is uncovered and the membrane brushed over: as soon as that has been done, the caustic is again covered, and the instrument is withdrawn. In some cases the patient complains of a little heat when the caustic is applied; in others, the sensation spoken of is a coldness. I have more than once known some discomfort almost amounting to spasm at the anus, but altogether it is astonishing how rarely any complaint is made. At the next time of passing the urine, some smarting is usually experienced; it may continue through the day, but it is very bearable. In all cases it occasions a discharge, which is sometimes considerable,

and at first is thin and watery, but gradually becomes thicker, and in the course of a few days ceases. In a few cases the discharge is at first streaked with blood; and in a few rare instances there may be trifling hæmorrhage.

In most instances a feeling of improvement is early manifest, but the complete effect of the remedy cannot be estimated until the irritation has entirely subsided. Indeed, the amendment is almost always progressive, and frequently it happens, that when, by the end of the second or third week, not much benefit has been, apparently, derived, we are astonished by the change which has been brought about in another fortnight. If by the end of six weeks from the first application a very decided amendment, or a cure, be not produced, we may conclude either that an insufficient application of caustic has been made, or that the fatal habit is still persisted in. It has more than once happened to me to apply too little, but I have never had to accuse myself of applying too much. In any case a second application is indicated when the desired effect is not obtained from the first. More than two applications I have never had occasion to make; but I can easily conceive that circumstances might render a further recourse to the remedy proper.

[To be continued.]

MEDICAL WRITERS GOOD PRACTITIONERS.

[Communicated for the Boston Medical and Surgical Journal.]

AN idea is prevalent in the world, and is even fostered among medical men, perhaps from interested motives, that medical writers are not generally the best practitioners. The very reverse of this is more generally the fact. The nature of their researches obliges them to become familiar with the opinions and practice of the best practitioners, and to treasure them up with the most scrupulous attention. A store of useful and practical information is always at hand, which is ever ready to be applied to the cases under consideration and treatment. Writers, too, always provide themselves with large and respectable libraries for the purpose of investigating all the subjects on which they treat, as well as for the intrinsic value of the information they obtain from the perusal of them. Dr. Rush observes, "If a physician obtain skill by his own solitary experience, how much more will he acquire by availing himself of the experience of several hundred physicians, which he can only obtain by availing himself of the opportunity of perusing a large medical library." And if it be true, which can admit of but little doubt, that a physician cannot accurately remember the details of his practice more than three years, of how much importance is it that he should be in the habit of recording all important facts and cases which may occur to his notice and observation, and be continually treasuring up fresh stores of knowledge by unwearied attention to books. A physician's studies are never finished till the close of life. I was always very much pleased with the following anecdote of Dr. Rush. "As two young physicians

were once conversing in his presence, one of them said—'When I finished my studies.' When you finished your studies!' said the doctor, abruptly; 'why you must be a happy man to have finished your studies so young! I do not expect to finish *mine* while I live.'

Notwithstanding the above observations, we have too much reason to believe that a great proportion of practising physicians in America do not devote much of their time and attention to study after they commence the practice of their profession; and it is from this mental idleness, as Dr. Rush observes, that "it is no uncommon thing for an old physician (from his neglect of books) to be more ignorant than he was when he commenced the practice of his profession."

Let it not be said that a physician has not time to record his experience or even to read. Some of the most extensive practitioners have been the most voluminous writers, and most industrious readers. In proof of this, we need only to mention the example of some of the fathers of our profession—such as Hippocrates, Galen, Celsus, Hoffman, Sydenham, Boerhaave, Van Swieten, Wistar, the Hunters, Monro, Cullen, and a host of others, almost all of whom were engaged in the most extensive and most lucrative practice, and were also authors of several most voluminous works. Dr. Good was one of our most elaborate writers. He has written several works, besides his great one on the practice of physic, yet the income of his practice was seven or eight thousand dollars a year. Sir Astley Cooper more than doubled the amount charged by Dr. Good in the same space of time; and yet, he was continually furnishing the world, through the medium of his writings, with the result of his knowledge and experience. Innumerable other examples in Europe might be mentioned of a similar nature. In fact, the best and most learned writers there, were altogether the best and most successful practitioners. Dr. Clark and Sir William Jones may be added to this list. They never for a moment neglected the duties of their profession. Indeed they excelled in the practice of that profession, and they were among the most eminent in Europe, in science and literature.

Our own country, too, is rich in examples to prove that our best practitioners are, and ever have been, our ablest writers. Among our deceased medical men we need only mention the immortal names of Rush, Barton, Redman, Wistar, Dorsey, Dewees, Physick, Parish, Ramsay, Miller, Hosack, Godman, Eberle, Warren, Gorham, and numerous others, whose writings alone would fill a decent library. Among the living we take great pleasure in enumerating the names of Jackson, Warren, Bigelow, Hale, Ware, Hayward, Shattuck, Smith, Holmes, Woodward, and many others in Massachusetts; of Parsons, Senter and others, in Rhode Island; of Tully, Ives, Sumner and others, in Connecticut; of Mott, Beck, McNaughton, Reese, Paine, Lee, Forrey, the Smiths, Delafield, *cum multis alias*, in New York; of the venerable and learned Coxe, Sam'l Jackson, Hays, Gerhard, the McClellans, Horner, Gibson, Bache, Dunglison, Wood, Bell, and innumerable others, in Philadelphia; not forgetting the names of N. R. Smith, Annan, Sewall, and others, at the South; and Gross, Drake, Cartwright, Mussey, Hildreth and Kirtland,

beyond the Alleghanies. Let no one accuse me of partiality in this enumeration. I am sensible that I have omitted the names of very many who have been equally successful with their pens, and in their practice. My object was not to give a list of our celebrated writers, for that would fill a sheet, but to mention a few which, without much reflection, presented themselves to my mind in illustration of the truth of the opinion that our ablest and most elaborate medical writers are also our *very best practitioners*. *W. W.

January 8th, 1843.

CAUSE OF EPIDEMICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Much has been said and written, by eminent medical men, on the theory of epidemic diseases of different kinds. They have taxed their ingenuity to discover a cause sufficiently general to account for wide-spreading maladies, or local diseases, suddenly springing up in distant and different parts of a country, continuing a while, and then disappearing. The following remarks are at your disposal.

In Vol. XXIV., page 277, of your Journal, Dr. J. Comstock has commenced a series of essays on the theory of the causes of epidemic fevers, and extended them to No. 8. He thinks they cannot be marsh miasmata or putrid animal or vegetable effluvia in winter, because then they could not possibly exist. All these causes he abandons, and ascends Mont Blanc and other high mountains, and to his great satisfaction finds travellers ascending such mountains to be affected with all the symptoms of disease, witnessed in spotted and typhous fevers, and other winter epidemics. He seeks for all the causes in the weight and temperature of the atmosphere, and thinks he finds them there. This aerial province has long been travelled over without satisfying either the writer or reader. I propose a new theory, founded on facts which I have a long time witnessed, namely, the circulation of water through the crust of the globe. The origin of rain or snow storms, is not the evaporation from the sea and other bodies of salt or fresh water, but from an increased rush of water into and through the crust of the section of country where such storms happen. The rise of water in wells and springs (unless near ponds, rivers or the sea) precedes the fall of rain or snow invariably. After a drought of one, two or three months, the water in wells surely rises before a fall of rain, clearly showing storms to be from a local, and not from any general cause. The origin of all fresh water in wells, springs and fountains within the earth, is far beneath us, the water being forced up by a power equal to producing such an effect. Facts in confirmation of these statements are very numerous and almost everywhere to be met with.

The quality of water in wells and other fountains in the earth, varies from month to month, and even from day to day, by holding in solution different proportions of mineral and earthy matters; and the purity of the

water depends almost entirely on the absence of such matters: while the quality of the atmosphere is much the same at all times, and in all places.

In the circulation of the water through the earth, we have a cause sufficiently extensive, and of sufficient power to produce epidemics of all and every description with which the earth is visited. I believe all influenzas and epidemics come to us by the water in the form of drink, or mixed with food; or by evaporation, filling the atmosphere near the earth's surface, at certain times, and in specific places, with gases, or matter in extreme division, affecting extensive districts at the same time, in this or that manner, by such vapors being inhaled. Colds, coughs, sore eyes or throats, or diseases of the stomach, may chance to be among the evils.

In the water, then, we have an active cause forever at work, ready to manifest itself whenever the system is unable to resist it. At one time man is the subject of such disease: at another, the brute; which can be accounted for only on the principle, that what is salutary to one kind of being is injurious and even fatal to another.

DANIEL MOWE.

Lowell, Feb., 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FEBRUARY 15, 1843.

Regulations of the New York State Lunatic Asylum.—The managers of this great institution, located at Utica, have adopted a code of rules and regulations for the government of the establishment, which is published and circulated for the information of the public. First, the duty of the managers is defined; next, that of the resident officers and the attendants of patients, &c. Then there is order inculcated in regard to stated hours for meals, and so on, till no point is left unconsidered which might be of consequence to the stability, character and efficiency of the institution. As a whole, it seems to be an unexceptionable system of domestic laws, which, if carefully practised upon, will accomplish all that was contemplated by the friends of humanity, who organized the Asylum. Dr. Brigham, the Superintendent, has had sufficient experience to make him an exact disciplinarian, and a vigilant watchman in regard to the observance of the laws which are to be obeyed by himself and his numerous assistants.

Kelley's Philosophical Medical Journal.—By mere accident, a quarto sheet, of eight pages, with this title, has fallen in our way. It purports to be published monthly in New York—where it is edited by a prodigiously furious champion of equal rights in physic, one J. Clawson Kelley, at the small sum of fifty cents a year. It is evidently intended to be the herald of Mr. J. Clawson Kelley alone—for it knows no other candidate for fame. He starts off, like a pioneer into a new country, by announcing that, "Our principles are of an entire different character, both in theory and practice, from the regular faculty, Thomsonians or homœopa-

thics. Our system is entirely new, and, at least, as far as we know, an original one, differing widely from all those that have preceded us." Of this there can be no question, as a catalogue of editorial medicine follows, which is altogether a new feature, and in name without a rival. Dr. Kelley is a rolling stone, and therefore gathers more honor than moss, as may be seen by the fourteenth page, which is liberally supplied with certificates of desperate cures by the editor of Kelley's Philosophical Medical Journal, when all other efforts had failed. There is no suspicion of trick in this, it being quite certain that he wishes the reader to think him an honest man who has at heart the best good of his suffering fellow creatures, or he would not give himself so much trouble. Then, again, he cries out right lustily against quacks and all kinds of knavery in medicine, and therefore it is plain that he is a philanthropist of enlarged views, willing to keep death at bay for a trifle. Like a wandering comet, his orbit is in no particular place; but in the course of one lunation he is to be seen at Boston, Norwich, Conn., New York, and Providence, R. I. Dr. Kelley is a sort of modern Hercules, who battles it with consumptions, which he controls, wizard like, by the movement of certain mysterious preparations, which have doubtless cost him vast research into the labyrinths of nature. It required the genius and profound attainments of the editor of Kelley's Philosophical Medical Journal to compound the following farrago of unparalleled remedies—the cost of which is so very reasonable, that those who would object to the price, would object to being hung.

"For consumption, *Pulmonicon Syrup*, \$3.00 per bottle; *do. powders*, \$1.00 per package; *medicated wrappers*, \$4.00 per package.

Vegetable Rob, for diseased liver—consists of a bottle of syrup and two boxes of pills, price \$3.00.

Antiseptic Detergent, consists of a bottle of syrup and two boxes of pills, price \$3.00.

Scrofulous Syrup, for scrofula, price \$3.00 per bottle.

Detergent Balsam, for diseases of the kidneys, \$2.00 per bottle.

Invigorating Cordial, for debility, particularly that peculiar to females, price \$2.00 per bottle.

American Vegetable Health Pills—an article we have great confidence in—a valuable family medicine, one which can at all times be resorted to, with perfect safety, and acts without pain or debility, rendering the bowels regular after their use, price 25 cents per box.

Reviving Cordial—an article which cannot be too highly appreciated from the benefits derived from its use, where that weak, sinking, and fainting sensation is felt at the pit of the stomach. It removes flatulence, and invigorates not only the stomach and appetite, but the whole system, price 25 and 50 cents per bottle.

Together with a general assortment, for various affections, as fevers, inflammations, rheumatisms, diarrhœa, &c."

How sickening is such an exhibition as this to a high-minded, educated physician. And yet it is a fair sample of the thousand schemes of illiterate, presuming impostors, who impress the vulgar public favorably; but only maintain their influence long enough to pick the pockets of their silly patrons, who are left, as flies leave a carcass when the bone is bare.

National Institute—Medical Department.—Great efforts are making by this newly organized association, which promises the most gratifying results for the progress of science in the United States. As the general character and objects of the institution are familiar to all newspaper readers, it would be useless to say more in this place, than that provision is made for the archives of medicine, and an active effort is making to give both character and immediate efficiency to this department. Drs. Thomas Sewall, John M. Thomas, Marcus Buck, Harvey Lindsly, and James Wynne, constitute a committee, who have addressed circulars to professional gentlemen throughout the country, it is presumed, the essentials of which are embraced in the following numerical order.

1. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?
2. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?
3. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?
4. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?
5. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have under any circumstances been transmitted by contagion?
6. What change has taken place in the type of disease within a series of years in your district, and to what is such change to be ascribed?
7. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion, and from what causes?
8. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?
9. What is the relative degree of health, longevity, and increase of the slaves and free blacks; which suffers most from the influence of our epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?
10. What is the annual number of marriages, births, and deaths, to each thousand of your population, and what is the proportion of male and female children born?
11. Have you any cases of great longevity; what have been the occupation and habits of such persons, and were they natives of your district or emigrants, and from what country and place?
12. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon the duration of life, the health, strength, and activity of the body and mind?
13. What has been the effect of the temperance reformation upon the strength and health of your citizens?
14. The history of any interesting cases of disease which may have occurred under your observation, and especially in which the pathology was ascertained by post-mortem examination, will be regarded as valuable. The discovery of new therapeutic agents, or the new application of old ones; also, meteorological observations, with whatever else illustrates the origin, progress, nature, and cure of diseases?

15. Pathological specimens of morbid structure, with an accompanying history of the origin, progress, and termination of the cases, will be acceptable. Such specimens will bear the name of the donor, and be placed in the National Museum.

16. As one object of the Institute is the formation of a Library, the presentation of a copy of medical works, by the author or others, would be gladly received.

All communications should be addressed to FRANCIS MARKOE, Jr., Esq., Washington Corresponding Secretary of the National Institute.

Poorly-educated Surgeons.—From the statement of the U. S. Surgeon-general, copied into this Journal recently, it appears that of seventeen applicants for commissions as assistant surgeons, ten only were examined by the army medical board—and *two* only of the ten approved! This was not very creditable to the schools where they were dubbed doctors. The rejected ten, thus ascertained to be unfit to prescribe in the army, are permitted, however, to inflict upon the community at large their ignorance in the form of medications, that may either cure or kill. If the board of medical examiners, of which Dr. Moore is a conspicuous and worthy member, would publish the names of the rejected applicants, they never would have occasion to turn aside a second phalanx of medical aspirants; as these would take special care in all future time to be satisfactorily and eminently qualified.

County Medical Societies in Vermont.—Of late a commendable spirit of activity has been shown in Addison County, by the medical practitioners, that might be imitated elsewhere, with profit as well as pleasure. On the 9th instant a meeting was held at Vergennes, to discuss the question, "What are the symptoms of disease demanding the use of the lancet?" Drs. A. Hall, of New Haven, J. Rice, of Bridport, and J. A. Allen, of Middlebury were each expected to give a written discourse upon the above question.

If every county in the State were but to revive in the same manner, an impulse would be given at once to the progress of medical science. With two flourishing schools in the State, it is inexcusable not to encourage those who are coming from them into the profession, with frequent opportunities of knowing something of the experience of their seniors.

Hungarian Balsam of Life.—A new quack article—a nostrum as worthless as the countless cargoes that have been sold before its invention—has succeeded so well in duping the afflicted in the western part of Massachusetts, that Dr. Knowlton, of Franklin County, has undertaken, in the Franklin Democrat, to apprise the public of the true intent of the venders, besides setting forth its utter inutility. But there was no necessity for the undertaking, since all experience shows that any opposition to a popular panacea like this increases the patronage. This Hungarian farrago of stuff, represented by the doctor to be without medicinal value and wholly beneath contempt, purports to come from England, though we are assured it is manufactured in Boston, by a person whose name is not entirely concealed under a bushel.

Diseases of the Urinary Organs.—From the fifth London edition of Sir Benjamin C. Brodie's lectures on the Diseases of the Urinary Organs, Messrs. Lea & Blanchard, Philadelphia, have given an American edition, with alterations and additions. In what manner the alterations have been made, we have not yet ascertained; but presume that a peculiar correctness is given to the text, under the eye of some critical reader, who may have also added something to adapt the work to the condition of things in this country. This, however, is altogether hypothetical, in consequence of having been too much occupied to give it a thorough perusal. The character of these lectures stands deservedly high—not only the periodicals of this country and Europe have detailed their excellences, but in other forms they have reached the medical public wherever the language in which they are written is understood. Being now in a neat volume, unincumbered by other matter, it recommends itself to the notice of all active practitioners as a faithful counsellor.

State of Medicine in Turkey.—An hospital for instruction has been recently opened in Constantinople in the medical school of Galataseraï. It consists of a medical, surgical, and ophthalmic clinic, each of which contains fifty beds. It is distinguished by its cleanliness, comfort, elegance, abundant funds, and good management, in which it may be fairly ranked with any similar European establishment. Its chief officer is Dr. Bernard, who contributed greatly to its establishment; and the second officer is Dr. Hermann, inspector of the military hospitals. The medical school possesses everything which such an institution requires; an anatomical, mineralogical, zoological, and physical museum, a clinical laboratory, botanic garden, library, hospital, and a well arranged dissecting-room in which the bodies, even of Mussulmen, are dissected. All that is wanted is a midwifery institution. The great jealousy of the Turks is an important obstacle to its establishment, but it is hoped that this may in time be overcome.—*Allgemeine Medic. Central Zeitung.*

Chances of Cure for Hare-lip.—M. Roux has now operated for this deformity above 100 times. In cases of "division simple," that is, we presume, when the division extends no further than the lip, success has attended the operation about twice in three times; but in complicated divisions, or when the fissure has extended to the palate, &c., only one-third of the operations have been thoroughly successful. In this, then, we may consider that we are possessed of tolerably fair data for calculating the chances of success or failure of the operation.—*L'Experience.*

Medical Miscellany.—The fourth annual report of the Directors and Medical Superintendent, Dr. Awl, of the Ohio Lunatic Asylum, is published; it is an interesting document.—Dr. Andrew Alexander, of Boston, has analyzed the Mesmeric doings in this city, with the learning of a philosopher, and the cutting severity of one who is not afraid to tell some of the operators to their faces what he thinks of their impositions.—Another Quarterly Summary of the Transactions of the Philadelphia College of Physicians is published, and is far more interesting than the

last.—Berzelius, the universally celebrated Swedish chemist, came near being killed, a short time ago, by the bursting of a retort, in his laboratory, in Stockholm.—A colored woman died within a few weeks, in Providence, R. I., at the age of 100 years.—One death recently occurred at Dover, N. H., by smallpox, but it is announced that no more cases exist in that town.—Dr. Jewett, the celebrated lecturer on temperance, is still in the field, exerting a powerful influence in the great moral reformation which was so much needed.—Yellow fever prevails frightfully at Guayaquil; the population has been reduced by it to 4000. Those who did not die, fled from the place. Very many distinguished persons fell by the dreadful disease.—Surgeon Lowe, an insolvent debtor, in London, when before the court, ascribed his insolvency to the circumstance of having been induced to take a large professional establishment in St. James's street, relying upon the fact of his having gained considerable notoriety when Oxford fired at her Majesty, he (the insolvent) being the person who first seized the miscreant after his villainous attempt. He incidentally mentioned that Prince Albert had bought some trifling articles from him to the amount of about £70.—A valuable Newfoundland dog was lately sent to the Veterinary College, where he died. He was opened, and it was then discovered that the poor animal had swallowed a stone about the size of an egg. This stone had lodged in the centre of the stomach. It appears that the Duke of St. Albans, his master, was in the habit of throwing stones into the water for the dog to dive after, and it is supposed that in bringing one of the stones up he swallowed it.—The editor of the London Sun says that "Dr. Turnbull deserves well of his fellow men, and we heartily wish him success." He had reference in this high praise to the doctor's discoveries in medicated or iodine baths—now established in this city by Dr. Durkee.—The Supreme and Chancery Courts were both compelled to adjourn and quit all business at Jackson, Miss., on account of the fearful spread of the smallpox.—Dr. Grant, the missionary physician, was at Asheta, amongst the Nestorians, at the last date.—Dr. Peter Parker, the bold American surgeon, formerly stationed at Canton, was at Angier, on the Island of Java, September 18th.

TO CORRESPONDENTS.—The communications of R. C. came too late for this No.—A letter to the editor, from New Hampshire, will be attended to next week.

ERRATUM.—In last week's Journal, p. 22, line 2d of the report of Dr. Townsend's operation, for *five years* read *five months*.

MARRIED,—Wm. B. Reed, M.D., of Amherst, Mass., to Miss E. S. Hawks.

DIED.—At Montreal, Canada, Thomas Bulkeley, Esq., M.D., surgeon of the 71st Light Infantry.—At Madura, Indostan, October 6, Dr. John Steele, of consumption. He was in the foreign missionary service, an excellent man and a devoted Christian.

Number of deaths in Boston for the week ending Feb. 11, 29.—Males, 15; Females, 14. Stillborn, 5. Of consumption, 5—dropsy, 2—mortification, 1—disease in the head, 1—lung fever, 1—disease of the heart, 1—bleeding at the lungs, 1—intemperance, 1—convulsions, 1—dropsy on the brain, 1—smallpox, 2—child-bed, 1—inflammation of the bowels, 1—scarlet fever, 2—throat distemper, 1—infantile, 1—marasmus, 1—old age, 1—erysipelas, 1.

Under 5 years, 12—between 5 and 20 years, 4—between 20 and 60 years, 11—over 60 years, 2.

Nursery Treatment of Infants, submitted to Prince Albert, by Joshua Waddington, M.R.C.S.—No other kind of milk to be given to an infant in addition to the milk of the mother or wet-nurse.

The less rocking the better.

When asleep, to be laid upon its right side.

The best food is "Lemann's biscuit-powder," soaked for twelve hours in cold spring-water, then *boiled* for half an hour, not simmered, or it will turn sour. Very little sugar to be added to the food, and then only at the time when given.

Sweets, of every kind, are most injurious, producing acidity, flatulency, and indigestion, sores in the mouth, and disordered secretions.

An infant will take medicine the more readily if made lukewarm in a cup placed in hot-water, adding a very little sugar when given.

The warm-bath (at ninety-four degrees of heat, not less, for ten minutes, every other night) is a valuable remedy in many cases of habitual sickness or constipation.

"Soothing-syrup," sedatives, and anodynes, of every kind, are most prejudicial. They stop the secretions. A very small dose of laudanum given to an infant may produce coma and death.

When an infant is weaned, which is generally advisable at the age of nine months, it is of the utmost importance that it be fed with the milk of one cow, and one only (a milch-cow), mixed with "Lemann's biscuit-powder" (prepared as before directed) and very little sugar.

Boiled bread-budding forms a light and nutritious dinner, made with stale bread, hot milk, an egg, and very little sugar.

When an infant is twelve months of age, bread and milk should be given every night and morning: stale bread toasted, soaked in a little hot-water, and then the milk (of one cow) added cold.

Solid meat is not generally required until an infant is fifteen months of age, and then to be given sparingly, and cut very fine. Roasted mutton, or broiled mutton-chop (without fat), is the best meat; next to that, tender lean beef or lamb; then fowl, which is better than chicken; no pork or veal; no pastry; no cheese; the less butter the better.

An infant should not be put upon its feet soon, especially while teething, or indisposed.

Avoid over-feeding at all times, more particularly during teething. It is very likely to produce indigestion and disordered secretions, the usually primary causes of convulsions, various eruptive complaints, and inflammatory affections of the head, throat, and chest.—*London Lancet*.

Antidotes for Arsenic.—M. Rognetta, in an answer to M. Orfila, addressed to the French Academy of Medicine, asserts, that the most efficacious remedies against the poisonous effects of arsenic are wine, brandy, warm drinks, opium, the application of heat, &c.; agents, as he says, which have a therapeutic action directly opposed to that of the poison, restoring instead of diminishing the powers of life. M. Rognetta's experiments, leading him to this opinion, were performed on a considerable number of horses; and he denies that the diuretic remedies, such as the nitrate of potass, carbonic acid gas, &c., recommended by Orfila, have any sanatory effect, or, indeed, that they will have the slightest action on the kidneys, in animals to which a large dose of arsenic has been administered.—*Ibid*.